Check

Utility

Design

Reissue

Provisional

Total Claims

Indep. Claims

Multiple dependent claims

_ - 20 or HP =

-3 or HP =

Extra Claims

Extra Claims

HP = highest number of total claims paid for, if greater than 20.

Fee (\$)

Fee (\$)

x

Other (e.g., late filing surcharge): REQUEST FOR CONTINUED EXAMINATION

Plant

PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/837,351 **Application Number** RECIEIVED EE TRANSMIT Filing Date **APRIL 17, 2001** CENTRAL FAX CENTER For FY 2006 First Named Inventor RUDOLPH, et al. **Examiner Name** YANG, CLARA I 7 2006 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2635 TOTAL AMOUNT OF PAYMENT 790.00 Attorney Docket No. SMT-022223-US METHOD OF PAYMENT (check all that apply) Credit Card JMoney Order None Other (please identify): Deposit Account Deposit Account Number: 09-0525 . Deposit Account Name: <u>INT'L PAPER COMPANY</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments or ree(s)

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Charge any additional fee(s) or underpayments of fee(s) information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES SEARCH FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 250 100 200 100 100 130 50 65 200 100 300 150 160 80 300 150 500 600 250 300 200 100 O 0 ٥ O 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100

360

Fee (\$)

180

Fee Paid (\$)

790.00

Multiple Dependent Claims

HP = highest number of independent claims paid for, if greater than 3.	
3. APPLICATION SIZE FEE	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or or	omputer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each ad-	ditional 50
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4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	rees raid (3)

Fee Paid (\$)

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Registration No. 45,488 Signature Telephone ₅₁₃₋₂₄₈₋₆₁₉₃ (Attorney/Agent) Name (Print/Type) MATTHEW M. ESLAMI Date JULY 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CONF	IDENTIAL FACSIMILE TRANSMISSI	ON JOE 9 / 2000	
ī	FO: COMMISSIONER FOR PATENTS RCE		
Fa	ex: 571-273-8300		
T-	el:	Our File Ref.: SMT-022223-US	
Dat _		Your File Ref.: 09/837,351	
	Request for Continued Examination	No. of Pages: // (Including this cover sheet)	
URGENT CONFIRMATION COPY FOLLOWS BY: NO COPY FIRST-CLASS U.S. MAIL FOLLOWS FOR YOUR INFORMATION OVERNIGHT MAIL INTERNATIONAL MAIL			
In response to the Office Action dated02/07/2006, please find the following checked items:			
X	Cover letter, 1 sheet(s);		
Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto,2_ sheet(s);			
X	Fee Transmittal, Form PTO/SB/17, 1 sheet(s);		
X	Response to Office Action (including attachments, if any),7_ sheet(s) total;		
X	Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto,2 sheet(s);		
Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, sheet(s);			
	Other:		
Thank	you.		
This facsi	Continue to of Transmission Under 37 can be supported by the larger of the larger continue to the facsimile number indicated above, on the the	transmitted to the Honorable Commissioner for Patents, by facstrallo 20 feet and A Tombison the law department of International Paper Company which is not, you are hereby notified that any displayure, copying or	
6207 so th	hat we can arrange for the return of the documents. Thank you.		



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T 513.248.6193 F 513.248.6455 matthew.eslami@ipaper.com JUL 0 7 2006 SENT BY FACSIMILE TO (571-273-8300 BY FIRST CLASS MAIL TO THE ADDRESS BELOW July 7, 2006 Mail Stop Commissioner for Patents United States Patent and Trademark Office Post Office Box 1450 Alexandria, Virginia 22313-1450 RE: SUBMISSION OF AFTER-FINAL RESPONSE TO OFFICE ACTION ; RUDOLPH, et al. Applicant(s) Serial No. 09/837,351 Filed on APRIL 17, 2001 Title MATERIALS HANDLING, TRACKING AND CONTROL SYSTEM Our Ref. : SMT-022223-US Dear Commissioner: Enclosed herewith for filing, Applicant(s) respectfully submit(s) the following checked items: Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto. 2 sheet(s): Fee Transmittal, Form PTO/SB/17, ____ sheet(s); lacksquareResponse to Office Action (including attachments, if any), __7__ sheet(s) total; × Request for Continued Examination Transmittal, Form PTO/SB/30, and one (1) copy thereof attached thereto, __2_ sheet(s); Notice of Appeal to the Board of Patent Appeals, Form PTO/SB/31, and one (1) copy thereof attached thereto, _____ sheet(s);

Please stamp the enclosed postcard, if checked, and return same to me to indicate your receipt of the abovelisted items. Please feel free to contact me if you have any questions concerning the above or the enclosed.

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With kindest regards,

Other:

above-listed items.

Matthew M. Eslami Agent for Applicant(s) Enclosure(s)

MME/jat

Certification of Mailing or Transmission Under 37 C.E.R. 1.8

The undersigned hereby certifies that a true and accurate copy of the within "After-Final Response to Office Action", together with all attachments referred to herein, is being transmitted to the Honorable Commissioner for Patents, either by first-class mail, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsimile number indicated hereon, on this the 7th day of July 20_08

and A. Tomlinson